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ABSTRACT

This guide explains how to educate homeless students within the public schools, focusing on the Saint Paul, Minnesota, public schools. Section 1 defines homelessness. Section 2 presents data on the increasing numbers of homeless students in the area. Section 3 describes common problems faced by homeless students, including family mobility, frequent change of schools, lack of friends, lack of basic resources, parental distress, social stigma, and loss of personal possessions and pets. Section 4 examines the impact of homelessness on children, focusing on educational issues and socio-emotional and behavioral issues. Section 5 presents strategies for school personnel (e.g., welcome the child to school, have a buddy system in place, utilize peer tutors, plan ahead, and avoid assignments requiring a television). Section 6 discusses the importance of homeless children attending school, highlighting the McKinney Homeless Assistance Act. Section 7 explains why families are homeless. Section 8 presents resources to help build safety nets of support (e.g., locations of homeless shelters, useful information to give homeless parents when they enroll their children in school, and fact sheets on homelessness). (SM)

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ED 430 178

Homeless, Not Hopeless

An Informational Guide for School Personnel:

Understanding and Educating Homeless Students

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ESEA Title I Program for Homeless Children and Families
Funded Programs
Saint Paul Public School District #625
1001 Johnson Pkwy.
Saint Paul, Minnesota 55106
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June, 2000

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Saint Paul Public Schools

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I. Definition of Homeless

The U.S Department of Education defines a "homeless individual" as an individual lacking a fixed, regular, and adequate nighttime residence and who has a primary nighttime residence that is:

*a supervised publicly or privately operated shelter designed to provide temporary living accommodations;
*an institution that provides a temporary residence for individuals intended to be institutionalized; or
*a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Source: U.S. Department of Education

In the city of Saint Paul, our homeless families live:

*in short-term emergency shelters, e.g. Lowry Family Shelter

*in domestic violence shelters, e.g. Women's Advocates Shelter

*in transitional housing programs, e.g. Naomi Family Center

*some stay overnight in the lobby at Catholic Charities

*in motels

*in cars

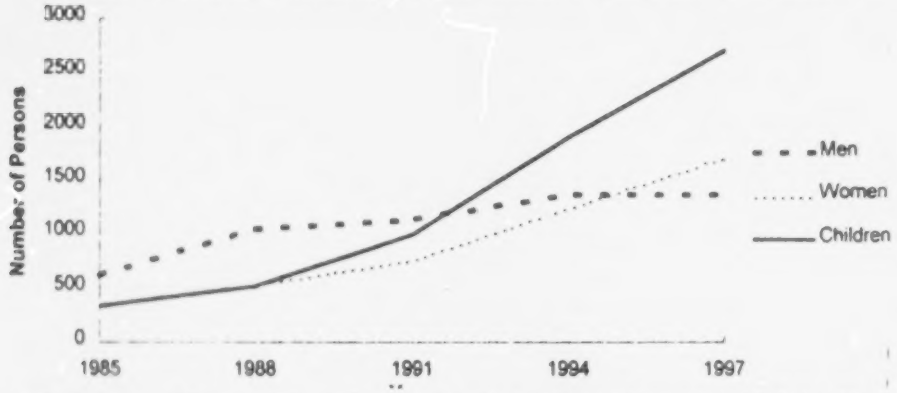
*"doubled-up" with friends, family (often moving place to place)

II. The Increasing Number of Homeless Students

The fastest growing subgroup of the homeless population is families with children. Homelessness is devastating experience which disrupts virtually every aspect of family life. Homelessness can interfere with the education, health and development of children.

Are there homeless children in our Twin Cities community?

FACT: In the seven county metro area, the numbers of men, women and children who are homeless increased approximately 731% since 1985 (Wilder Research Center). Children show the most dramatic increase:



From Minnesota Department of Economic Security, Quarterly Shelter Report. November, 1985 thru November, 1997. (Now published by the Minnesota Department of Children, Families and Learning)

In Ramsey County, significant growth has occurred not in the emergency shelters, but rather in the transitional housing and battered women shelters:

> "The number of children staying in transitional housing and battered women shelters has almost doubled... Children currently represent about 46% of the total population of these two types of programs."

Source: Emergency Shelters, Transitional Housing, and Battered Women's Shelters Data Collection Project Fifth Annual Report (Based on Data Collected During 1991-1997) (1998), Wilder Research Center.

III. Common Problems Homeless Students Face

* Family Mobility due to Housing Instability

* Frequent Change of Schools

* Loss of Friends due to Mobility and Lack of Transportation

* Overcrowded Living Conditions with Lack of Privacy

* Uncertainty in Daily Living

* No Space to Play

* No Place to Study or to Be Alone

* Lack of Basic Resources

* Parental Distress

* Social Stigma about Being Homeless

* Loss of Personal Possessions and Pets

IV. Impact of Homelessness on Children

The condition of homelessness may cause or intensify educational difficulties and socio-emotional and behavioral problems.

A. Educational Issues

* On tests of academic performance, there is evidence that homeless children score more poorly than their housed classmates.

  Source: Rafferty Y, Rollins N. (1989) Learning in Limbo: The Educational Deprivation of Homeless Children. New York: Advocates for Children of New York, Inc.

* Although homeless students often demonstrate low performance skills, research also has demonstrated no difference in cognitive functioning between homeless and housed children.

  Source: Rubin, D.H., Erickson, C.J., San Agustin, M., Cleary, S.D., Allen, J.K., & Cohen, P. (1996). Cognitive and academic functioning of homeless children compared with housed children. Pediatrics, 97, 289-294.

* Multiple school changes result in gaps/redundancies in the child's education

  Source: Wood, D., Cibrowski, J., Ojena, B. and Schooler, N. in Bassuk, E. et al (ed.) (1990) Community Care for Homeless Families: A Program Design Manual Newton Centre, MA: The Better Homes Foundation.

* "School changes are difficult for children and have been associated with delayed special educational assessments, temporary or inappropriate educational placements, alienation from peers and teachers and poor school performance."

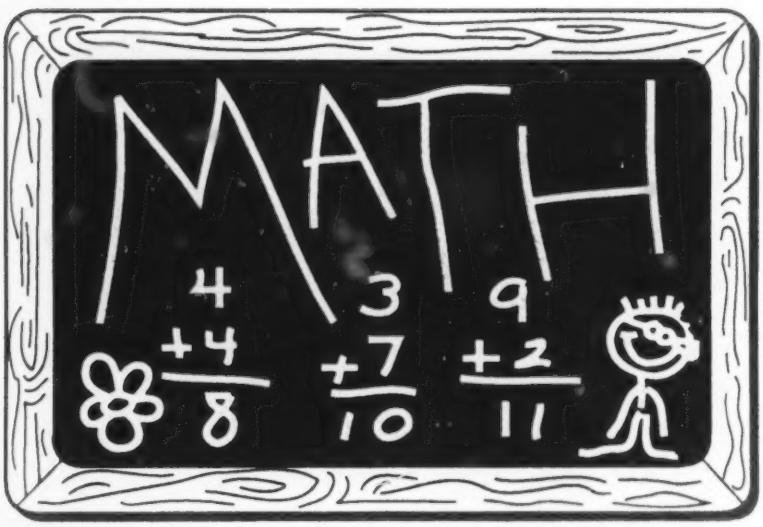
  Source: Wood, D., Cibrowski, J., Ojena, B. and Schooler, N. in Bassuk, E. et al (ed.) (1990) Community Care for Homeless Families: A Program Design Manual Newton Centre, MA: The Better Homes Foundation.

* "Several studies have found significant learning delays in homeless children at all grade levels, including preschool."

Masten, A. (1992) Homeless Children in the United States: Mark of a Nation at Risk. American Psychological Society, 1 (2), 41 -44.

* In a pilot study in a Minneapolis shelter, "the 8- to 12-year-old children...were an average of 14 months behind their age levels on a standardized individual achievement test, significantly below the norms for this test."

Masten, A. (1992) Homeless Children in the United States: Mark of a Nation at Risk. American Psychological Society, 1 (2), 41 -44.



B. Socio-emotional and Behavioral Issues

Effects of Homelessness on Children

*rootlessness

*lack of continuity and structure in their lives, difficulty with transitions

*unwilling to risk forming deep friendships

*withdrawal, depression, anger, aggression, anxiety

*feeling loss of control in their lives

*unable to get enough sleep, constantly tired and listless

*lack of means for necessary hygiene

*"cling" to possessions

*may assume parental responsibilities

Social Stigma

Given the social stigma surrounding homelessness, students may be embarrassed about their living situation. They may not want to make friends because they do not want their peers to discover their homelessness. Children may fear being called "shelter boy/girl" on the playground. Parents, too, may feel embarrassed about their living situation. As a result, parents may be reluctant to share information with the school system about their homelessness; they may fear being judged by the school system as a "bad parent".

Anger, Withdrawal, Depression, Aggression, Anxiety

Homeless and housed children have the potential to develop the socio-emotional and behavioral concerns described in this section. Gaining consistent access to effective treatment can be more challenging for homeless families because of their mobility. Children may have preexisting socio-emotional and behavioral problems before becoming homeless; other children may develop problems in response to their difficult situation. The condition of homelessness may cause or intensify these problems. Mild socio-emotional problems can often be effectively addressed in the collaborative efforts of parents, school staff, and shelter staff. Children who have serious problems should be referred to a mental health worker.

Given the uncertainty and instability of their living situation, homeless children feel stressed. They may resent losing their home and miss their friends in their neighborhood and school. They may not want to make new friends because they expect to move again soon. Often, children experience a loss of control in their lives. Within shelters, families need to abide by necessary, but sometimes difficult shelter rules; violations may result in the family having to leave shelter (most likely with no place to go).

"Children may be angry and depressed about the insecurity, lack of privacy, and impracticalities of their living circumstances." (Walsh, p. 105) Children are also angry because they feel different from other children. Some resent having to assume too much responsibility. Younger school-aged children who have outgrown certain behaviors behaviorally regress in response to the stress of their new living circumstances; they experience frequent nightmares, wetting, soiling, irregular sleeping patterns, and excessive fears of the dark or of strangers.

In response to their living situation, some children become aggressive and defiant, while others may withdraw and become isolated. "Depressed children manifest feelings of apprehension, sadness, and helplessness. They typically feel unloved, and have decreased appetite and sleep disturbances, crying spells, and problems concentrating in school. In contrast to the transient depressive responses expected in children who lose their homes, serious depressions may continue for long periods if they are not appropriately recognized and treated." (Walsh, p. 106)

"Conduct disorders are repetitive, persistent patterns of behavior in which the basic rights of other or societal norms are violated. Children with conduct disorders usually blame others for their difficulties; feel unfairly treated, and are often in trouble with their families or communities. Their behavior is provocative and impulsive, with frequent outbursts of temper. Even though they project an image of "toughness" these children are often sad and depressed about the way they behave." (Walsh, p. 106)

Source: Better Homes Foundation (1988) Community Care for Homeless Families: A Program Design Manual. Newton Centre, MA.

Parent-Child Issues

By necessity, parents are focused upon the daily survival needs of their family. Parents face the dim prospects for permanent housing. Overcrowded living conditions and necessary shelter rules can contribute to family stress and disruption of family routines. Multiple stressors make coping and parenting difficult. "Mothers sometimes have little energy to meet the emotional needs of their children. The positive reinforcement that children require to bolster their self-esteem may be difficult for mothers to offer when they are receiving little or no emotional support themselves. Children may misinterpret their mother's distress as lack of caring." (Walsh, p. 105)

Source: Better Homes Foundation (1988) Community Care for Homeless Families: A Program Design Manual. Newton Centre, MA.

V. Strategies for School Personnel

Homeless students can benefit from strategies you already use with all children in the school environment (school office, classroom, playground). Additionally, to ameliorate the effects of homelessness and to help homeless children learn, helpful strategies are highlighted:

* Welcome the child in your school office and classroom. (A child's adjustment is affected by not only their school history, but how current school personnel respond to them. Be persistent - homeless children may take more time in adjusting to the new environment.)

* When processing registration paperwork, explain the need for an address, and reassure parents that you will keep address information confidential. Then, **keep the child's living situation confidential.**

* Have a buddy system in place for all new students - to provide companionship and to explain the rules.

* Connect the student to the school counselor/school social worker

* Ensure that homeless children have access to all educational services for which they are eligible (Title I, ESL, Special Education)

* Utilize peer tutors
  - Have a student help the homeless student
  - Let the homeless student tutor a younger child

* Without adequate play areas at shelters or in the streets, avoid taking away recess/gym class as a consequence. (This may be the only time, she/he has space to run.)

* To counter the loss of control experienced in their lives, give them classroom jobs (care of a plant, ball, game) and choices when appropriate (chose to do math or reading now).

* The experience of mastery is critical to their self-image. Break down tasks into small completable segments, keep a check list of completed work, contract with students to finish assignments.

* Sharing may be difficult for the homeless child. Keep in mind that any possession may be the child's only one. Don't take away possessions as a disciplinary measure.

* Plan ahead:
    *Whenever possible, inform students ahead of time about substitute teachers and changes in activities.
    *Ensure that homeless student has easy access to assistance, in case of academic or personal difficulties.

* Avoid TV assignments (There may be no TV, or the student living in the shelter may not make the channel choices for the group)

* Homeless students may be insecure about removing coats or hats and placing them in a "distant" closet. Negotiate. Let the child keep the hat in a pocket, the coat on the back of the chair.

* Communicate with Title I teachers in the shelter sites to address student needs.

* In general, homeless students need to feel:
    *Safe, not threatened
    *Comfortable
    *Part of the group
    *Able to contribute to and participate in the life of the school

VI. Importance of Homeless Children Attending School (McKinney Homeless Assistance Act)

School provides children with a much-needed sense of place and continuity that they otherwise lack in their fragmented lives.

Education provided the best chance for success of our children. All children and youth have the right to receive an education.

On July 22, 1987, the Stewart B. McKinney Homeless Assistance Act required each state educational agency "assure that each child of a homeless individual and each homeless youth have access to a free and appropriate public education." By law, homeless children must receive comparable services offered to other children in the school. In addition, this federal legislation mandates that homeless children and youth cannot be denied admission because of lack of immunization records. (P.L. 101 - 645) Further, school records cannot be withheld because of fines or fees. (P.L. 93 - 380) Parent rights are described in the "Parent Pack" (See Appendix A).

VII. Why are Families Homeless?

In our country, we have experienced a rise in homelessness over the past two decades. Before the 1980's, the profile of a homeless person was often a single man living on the street. As the fastest growing subgroup of the homeless population, many families with young children are becoming homeless. Government estimates that at least 68,000 to 100,000 children are homeless on any given night; 186,000 additional children may be "doubled-up" in overcrowded living conditions. (Bassuk)

There is no single cause to homelessness. Homelessness is often the result of a complex set of circumstances (both systemic and individual factors which impinge upon families in poverty). The core of the problem, however, is the impact of the growing poverty in our country and the growing shortages of affordable housing. (See Appendix B).

Families in poverty are at increased risk for homelessness. Having limited resources means that families live paycheck to paycheck, with no hope of saving to meet emergencies or purchase a home. With no "economic buffer" to carry families through crises, a life event such as an illness, an accident, or a car-breakdown may lead to homelessness. In respect to housing, the gap between the number of affordable housing units and the number of people needing them has created a housing crisis for poor people. Families often need to pay more than they can afford in order to secure housing for their family.

In addition, the growing problem of domestic violence is a major contributing factor. The number of children in the domestic violence shelters in Saint Paul has almost doubled between 1991 and 1996. When the domestic violence shelters are full, some women enter emergency housing in order to leave their violent situation. In the 1994 Wilder Research Center surveyed women in emergency shelters, domestic violence shelters, and transitional housing programs in Minnesota. In this survey, 25% of all women reported that "one of the main reasons for leaving their last housing was to flee an abusive partner." (*findings*, p.4)

Source: Better Homes Foundation (1990) Community Care for Homeless Families: A Program Design Manual. Newton Centre, MA.

Source: Emergency Shelters, Transitional Housing, and Battered Women's Shelters Data Collection Project - Fifth Annual Report (Based on Data Collected During 1991-1995) (1996), Wilder Research Center.

Source: findings: A Report from the Wilder Research Center, vol 1(2), (1996) Amherst H. Wilder Foundation.

Source: Why are People Homeless? Fact Sheet #1 (Revised 1997) National Coalition for the Homeless.

Saint Paul Public Schools
Title I, Federal Program Location/Description of Homeless Shelter Sites 2000-2001

Ain Dah Yung
1089 Portland Ave.
St. Paul, MN 55104

A short term emergency shelter care for youth 11 years-17 years who are in crisis.

Contact Person(s): Gabrielle Strong Doreen Percell
Phone Number: 227-4184 227-4184

Arlington House
712 E. Larpenteur Avenue
St. Paul, MN 55117

Short term emergency shelter care for youth 11 years-17 years who are in crisis.

Contact Person(s): Richard Grigsby Gary Guldbrandson
Phone Number: 771-3040 771-3040

Casa De Esperanza
P.O. Box 75177
St. Paul, MN 55106

An emergency shelter for battered women and their children.

Contact Person(s): Gloria DuPrey Lisa Janilia
Phone Number: 772-1999 772-1999

Casa de Lupe'
655 State St.
St. Paul, MN 55107

Transitional housing provided for homeless women with children.

Contact Person(s): Bridget O'Neil
Phone Number: 298-9888

Dorothy Day Center
183 Old 6th Street
St. Paul, MN 55102

A Drop-In Resource Center serving people in need of food, lodging, financial assistance, and health-care resources.

Contact Person(s): Anne Harris
Phone Number: 293-1919 ext. 33

Dwelling Place
651 Nebraska
St. Paul, MN 55108

Transitional housing for battered woman and their children.

Contact Person(s): Linda Johsnon
776-4805

Jendayi Place Inc.
450 Grotto Street
St. Paul, MN 55104

Transitional housing for teenage mothers.

Contact Person(s): Anna Jackson Grace Smith
Phone Number: 224-4204 224-4204

Revised 6/00

Saint Paul Public Schools
Title I, Federal Program Location/Description of Homeless Shelter Sites 2000-2001

Lowry Family Shelter
345 N. Wabasha
St. Paul, MN 55102

This shelter provides housing for homeless families in St. Paul.

Contact Person(s): Sandra Richardson
Phone Number: 228-00114

Model Cities
515 Dale Street
St. Paul, MN 55102

Transistional housing for homeless women and children.

Contact Person(s): Diane Marsh 221-2495 Patricia Butler 221-2495

Naomi Family Center
77 E. 9th Street
St. Paul, MN 55101

Emergency and transition housing for women with no more than four children ages twelve and younger.

Contact Persons(s): Joyce Lester
Phone Number: 222-7962

Safe Zone
308 Prince St.
St. Paul, MN 55101

A safe space for youth on the streets.

Contact Persons(s): Joel Langholtz
Phone Number: 224-9644

Saint Paul YWCA
261 N. Oxford
St. Paul, MN 55104

Transitional housing provided for homeless women with children.

Contact Person(s): Gwen Chandler -Rivers Kaye Haapaja
Phone Number: 222-7962 644-4414

Saint Paul YWCA
91 N. Lexington Ave.
St. Paul, MN 55104

Transitional housing provided for homeless women with children.

Contact Person(s): Gwen Chandler-Rivers Angela Nichols
Phone Number: 222-3741 224-4840

Saint Paul YWCA
138/142 N. Grotto
St. Paul, MN 55104

Transitional housing provided for homeless women with children.

Contact Person(s): Gwen Chandler-Rivers 222-3741 Melody Adams 224-4840

Revised 6/00

Saint Paul Public Schools
Title I, Federal Program Location/Description of Homeless Shelter Sites 2000-2001

Theresa Living Center
917 E. Jessamine Ave.
St. Paul, MN 55106

Transitional housing for women 18 years or older with one child 5 years or younger.

Contact Person(s):	Judy Bakula
Phone Number:	774-5594

Women of Nations-
Eagles Nest
P.O. Box 40309
St. Paul, MN 55104

A temporary shelter mainly for Native American battered women and their children. It is not restricted to just Native American women.

Contact Person(s):	Laurie Kolbeck	Sue Ann Albert
Phone Number:	222-5830-ext. 117	222-5830-ext. 105

Women's Advocates
588 Grand Ave.
St. Paul, MN 55105

A crisis shelter for women and children who are victims of abuse.

Contact Person(s)	Lispeth Wolf	Mary Brown
Phone Number:	227-8284	227-8284

Revised 6/00

B. Other Resources (for more complete descriptions of services, see First Call for Help)

Catholic Charities - Mary Hall 438 Main Street 227 - 2637	Intake is completed at Mary Hall for *emergency housing* at the Lowry Family Shelter and the Naomi Family Center.
Dorothy Day Center 183 Old Sixth Street 293 - 1919	A Drop-in Center serving people in need of food, community resource information, and health-care resources
Health Care for the Homeless 438 Main Street 227 - 2637	Provides comprehensive health care to homeless men, women, youth, and children at five shelter sites and the Dorothy Day Center
Saint Paul Area Coalition of the Homeless PO Box 65042 Saint Paul, MN 55165 224-1329	Network of homeless service providers. Public education on issues of homelessness.
St. Paul Housing Information Office 21 West 4th Street 266-6000	Faxes listings of available rental apartments
Saint Paul Tenants Union 500 Laurel 221 - 0501	Information and counseling on tenant and/or landlord problems. Publishes "Tenants Rights Handbook"
Southern Minnesota Regional Legal Services 300 Minnesota Building 46 East 4th Street 222-4731	Legal assistance for individuals with housing-related problems
Title I Tutoring Program Federal Programs 360 Colborne 290-8392	This program provides help in completing homework and in research projects for homeless children in shelters throughout Saint Paul.
Twin Cities Community Voice Mail call 643-0883 for a referral	Free voice mail for low income persons looking for housing or a job.

APPENDICES

GETTING READY INFORMATION FOR SCHOOL ENROLLMENT

SCHOOLS ATTENDED

School District _____ State _____

Last Date Attended _____ Grade _____

School District _____ State _____

Last Date Attended _____ Grade _____

School District _____ State _____

Last Date Attended _____ Grade _____

Date	Immunizations	Given by

If your records are missing or incomplete, still enroll your child or children.

For Further Information Contact:

MINNESOTA DEPARTMENT OF CHILDREN, FAMILIES AND LEARNING

822B Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

(612) 296-4322

This brochure can be made available in alternative formats, such as large print, Braille or audio tape, by calling 612/296-1485.

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Arkansas Homeless Children's Office (1991)
Minnesota Department of Education (1992)

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THE PARENT PACK

EDUCATION FOR HOMELESS CHILDREN AND YOUTH

APPENDIX A

MINNESOTA DEPARTMENT OF CHILDREN, FAMILIES AND LEARNING

KEEP YOUR CHILD IN SCHOOL

Every child in Minnesota has a right to a free and appropriate education. Your child's education is important to their self-esteem and future employment.

Let us work with you to keep your child on track and in school. While you look for employment and housing, let your child learn, play and plan in a warm and caring classroom.

Please remember to:

- Enroll your child as soon as possible after you arrive in a shelter, motel, or any other temporary housing situation.
- Call the school district office to ask where you need to go to enroll your child.
- When you enroll your child, bring his/her transfer card or birth certificate and health records, if you have them.
- A student can directly enroll into an area learning center if one is available. (High School Graduation Incentives Law)

WHAT YOU SHOULD KNOW

When I enroll my child, do I have to show proof of residency?

Minnesota law for school attendance does not require a permanent address. You are not required to present utility bills or other identifying documents to offer proof of residence. If you live in the district, in a car, van, shelter, park, or tent, or doubled up with another household because of abuse or economic hardship, your child is entitled to enroll in the school district. (Minnesota Statute 120.06)

I don't have any of my child's school records or immunization records. Can my child still be enrolled into public school?

Children should not be denied admission because of lack of records. According to the Federal McKinney Education Law, "special attention shall be given to ensuring the enrollment and attendance of homeless children and youth who are not currently attending school." The effect of this provision of the statute is to ensure that school record or immunization policies not be used to deny homeless students enrollment into school regardless of their enrollment status (new enrollee, transfer, etc.). The Health Department in all counties can re-administer immunization if needed. (P.L. 101-645)

In addition, records cannot be withheld because of fines or fees. The school assignment officer or counselor can call the previous school for your child's school records. (P.L. 93-380)

What can I do about school supplies if we have no money?

Many schools, not all, have a school supplies bank for students. Ask the counselor at your child's school about this service, if there is a need. Ask your shelter social worker if they have school supplies available.

Can my child participate in federal, state or local before- and after-school programs?

Yes, if the district offers such programs. Ask the counselor about enrollment. (P.L. 101-645)

Is my child entitled to participate in the federal, state, or local food programs?

Your child is eligible to participate in school lunch and/or breakfast programs, if the programs are offered by the district. Ask the counselor about enrollment in these programs. (P.L. 101-645)

Do I have a voice about which school my child will attend?

Yes. Federal law states that "consideration shall be given to a request made by a parent regarding school selection and transportation needs." (P.L. 101-645) State law also supports choice. (Minn. Stat. 120.062)

What about school bus transportation? Will a school bus come to the shelter for my child?

Yes. You child has the same right to school bus transportation as all other children. Homeless shelters should be considered a part of the school district's regular bus routes when children reside in the shelters. (P.L. 101-645) (Minn. Stat. 123.39)

What if my child has special education needs?

If your child has special educational needs, a referral for consideration for services should be made as soon as possible. Ask the assignment officer and counselor when enrolling your child about these services. (P.L. 101.476) (Minn. Stat. 124.32)

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Why Are People Homeless?

NCH Fact Sheet #1
Published by the National Coalition for the Homeless, June 1999

Two trends are largely responsible for the rise in homelessness over the past 15-20 years: a growing shortage of affordable rental housing and a simultaneous increase in poverty. Below is an overview of current poverty and housing statistics, as well as additional factors contributing to homelessness. A list of resources for further study is also provided.

POVERTY

Homelessness and poverty are inextricably linked. Poor people are frequently unable to pay for housing, food, child care, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income, that must be dropped. Being poor means being an illness, an accident, or a paycheck away from living on the streets.

In 1997, 13.3% of the U.S. population, or 35.6 million people, lived in poverty (U.S. Bureau of the Census, 1998a). While the number of poor people remains has not changed much in recent years, the number of people living in extreme poverty has increased. In 1997, 14.6 million people -- 41% of all poor persons -- had incomes of less than half the poverty level. This represents an increase of over 500,000 from 1995. Forty percent of persons living in poverty are children; in fact, the 1997 poverty rate of 19.9% for children is almost twice as high as the poverty rate for any other age group.

Two factors help account for increasing poverty: eroding employment opportunities for large segments of the workforce, and the declining value and availability of public assistance.

Eroding Work Opportunities

Media reports of a growing economy and low unemployment mask a number of important reasons why homelessness persists, and, in some areas of the country, is worsening. These reasons include stagnant or falling incomes and less secure jobs which offer fewer benefits.

While the last few years have seen growth in real wages at all levels, these increases have not been enough to counteract a long pattern of stagnant and declining wages. Low-wage workers have been particularly hard hit by wage trends. Despite recent increases in the minimum wage, the real value of the minimum wage in 1997 was 18.1% less than in 1979 (Mishel, Bernstein, and Schmitt, 1999). Factors contributing to wage declines include a steep drop in the number and bargaining power of unionized workers; erosion in the value of the minimum wage; a decline in manufacturing jobs and the corresponding expansion of lower-paying service-sector employment; globalization; and increased nonstandard work, such as temporary and part-time employment (Mishel, Bernstein, and Schmitt, 1999).

Declining wages, in turn, have put housing out of reach for many workers: in every state, more than the minimum wage is required to afford a one- or two-bedroom apartment at Fair Market Rent (National Low Income Housing Coalition, 1998).[1] In fact, in the median state a minimum-wage worker would have to work 87 hours each week to afford a two-bedroom apartment at 30% of his or her income, which is the federal definition of affordable housing. In addition, 40% of households with "worst case housing needs" -- households paying over half their incomes for rent, living in severely substandard housing, or both -- have at least one working person. This represents a 32% increase in working households with worst case housing needs from 1993 to 1995 (U.S. Housing and Urban Development, 1998).

The connection between impoverished workers and homelessness can be seen in homeless shelters, many of which house significant numbers of full-time wage earners. A survey of 30 U.S. cities found that almost one in five homeless persons is employed (U.S. Conference of Mayors, 1998). In a number of cities not surveyed by the U.S. Conference of Mayors - as well as in many states - the percentage is even higher

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(National Coalition for the Homeless, 1997).

The future of job growth does not appear promising for many workers: a 1998 study estimated that 46% of the jobs with the most growth between 1994 and 2005 pay less than $16,000 a year; these jobs will not lift families out of poverty (National Priorities Project, 1998).[2] Moreover, 74% of these jobs pay below a livable wage ($32,185 for a family of four).

Thus, for many Americans, work provides no escape from poverty. The benefits of economic growth have not been equally distributed; instead, they have been concentrated at the top of income and wealth distributions. A rising tide does not lift all boats, and in the United States today, many boats are struggling to stay afloat.

Decline in Public Assistance

The declining value and availability of public assistance is another source of increasing poverty and homelessness. Until its repeal in August 1996, the largest cash assistance program for poor families with children was the Aid to Families with Dependent Children (AFDC) program. Between 1970 and 1994, the typical state's AFDC benefits for a family of three fell 47%, after adjusting for inflation (Greenberg and Baumohl, 1996). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the federal welfare reform law) repealed the AFDC program and replaced it with a block grant program called Temporary Assistance to Needy Families (TANF). Current TANF benefits and Food Stamps combined are below the poverty level in every state; in fact, the median TANF benefit for a family of three is approximately one-third of the poverty level. Thus, contrary to popular opinion, welfare does not provide relief from poverty.

Welfare caseloads have dropped sharply since the passage and implementation of welfare reform legislation. However, declining welfare rolls simply mean that fewer people are receiving benefits -- not that they are employed or doing better financially. Early findings suggest that although more families are moving from welfare to work, many of them are faring poorly due to low wages and inadequate work supports. Only a small fraction of welfare recipients' new jobs pay above-poverty wages; most of the new jobs pay far below the poverty line (Children's Defense Fund and the National Coalition for the Homeless, 1998). Moreover, extreme poverty is growing more common for children, especially those in female-headed and working families. This increase can be traced directly to the declining number of children lifted above one-half of the poverty line by government cash assistance for the poor.

As a result of loss of benefits, low wages, and unstable employment, many families leaving welfare struggle to get medical care, food, and housing. Many lose health insurance, despite continued Medicaid eligibility: a recent study found that 675,000 people lost health insurance in 1997 as a result of the federal welfare reform legislation, including 400,000 children (Families USA, 1999). In addition, housing is rarely affordable for families leaving welfare for low wages, yet subsidized housing is so limited that fewer than one in four TANF families nationwide lives in public housing or receives a housing voucher to help them rent a private unit. For most families leaving the rolls, housing subsidies are not an option. In some communities, former welfare families appear to be experiencing homelessness in increasing numbers (Children's Defense Fund and the National Coalition for the Homeless, 1998).

In addition to the reduction in the value and availability of welfare benefits for families, recent policy changes have reduced or eliminated public assistance for poor single individuals. Several states have cut or eliminated General Assistance (GA) benefits for single impoverished people, despite evidence that the availability of GA reduces the prevalence of homelessness (Greenberg and Baumohl, 1996).

Disabled people, too, must struggle to obtain and maintain stable housing. In 1998, on a national average, a person receiving Suplemental Security Income (SSI) benefits had to spend 69% of his or her SSI monthly income to rent a one-bedroom apartment at Fair Market Rent; in more than 125 housing market areas, the cost of a one-bedroom apartment at Fair Market Rent was more than a person's total monthly SSI income (Technical Assistance Collaborative & the Consortium for Citizens with Disabilities Housing Task Force, 1999).

Thus, most states have not replaced the old welfare system with an alternative that enables families and individuals to obtain above-poverty employment and to sustain themselves when work is not available or possible.

HOUSING

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A lack of affordable housing and the limited scale of housing assistance programs have contributed to the current housing crisis and to homelessness.

The gap between the number of affordable housing units and the number of people needing them has created a housing crisis for poor people. Between 1973 and 1993, 2.2 million low-rent units disappeared from the market. These units were either abandoned, converted into condominiums or expensive apartments, or became unaffordable because of cost increases. Between 1991 and 1995, median rental costs paid by low-income renters rose 21%; at the same time, the number of low-income renters increased. Over these years, despite an improving economy, the affordable housing gap grew by one million (Daskal, 1998). By 1995, the number of low-income renters in America outstripped the number of low-cost rental units by 4.4 million rental units - the largest shortfall on record (Daskal, 1998). More recently, the strong economy has caused rents to soar, putting housing out of reach for the poorest Americans. Between 1995 and 1997, rents increased faster than income for the 20% of American households with the lowest incomes (U.S. Department of Housing and Urban Development, 1999). This same study found that the number of housing units that rent for less than $300, adjusted for inflation, declined from 6.8 million in 1996 to 5.5 million in 1998, a 19 percent drop of 1.3 million units. The loss of affordable housing puts even greater numbers of people at risk of homelessness.

The lack of affordable housing has lead to high rent burdens (rents which absorb a high proportion of income), overcrowding, and substandard housing. These phenomena, in turn, have not only forced many people to become homeless; they have put a large and growing number of people at risk of becoming homeless. A recent Housing and Urban Development (HUD) study found that 5.3 million unassisted, very low-income households had "worst case needs" for housing assistance in 1995 (U.S. Department of Housing and Urban Development, 1998).[3] This figure is an all-time high and represents an 8% increase over the 1989 figure.

Housing assistance can make the difference between stable housing, precarious housing, or no housing at all. However, the demand for assisted housing clearly exceeds the supply: only about one-third of poor renter households receive a housing subsidy from the federal, state, or a local government (Daskal, 1998). The limited level of housing assistance means that most poor families and individuals seeking housing assistance are placed on long waiting lists. From 1996-1998, the time households spent on waiting lists for HUD housing assistance grew dramatically. For the largest public housing authorities, a family's average time on a waiting list rose from 22 to 33 months from 1996 to 1998 - a 50% increase (U.S. Department of Housing and Urban Development, 1999). The average waiting period for a Section 8 rental assistance voucher rose from 26 months to 28 months between 1996 and 1998.[4] Excessive waiting lists for public housing mean that people must remain in shelters or inadequate housing arrangements longer. Consequently, there is less shelter space available for other homeless people, who must find shelter elsewhere or live on the streets.

A housing trend with a particularly severe impact on homelessness is the loss of single room occupancy (SRO) housing. In the past, SRO housing served to house many poor individuals, including poor persons suffering from mental illness or substance abuse. From 1970 to the mid-1980s, an estimated one million SRO units were demolished (Dolbeare, 1996). The demolition of SRO housing was most notable in large cities: between 1970-1982, New York City lost 87% of its $200 per month or less SRO stock; Chicago experienced the total elimination of cubicle hotels; and by 1985, Los Angeles had lost more than half of its downtown SRO housing (Koegel, et al, 1996). From 1975 to 1988, San Francisco lost 43% of its stock of low-cost residential hotels; from 1970 to 1986, Portland, Oregon lost 59% of its residential hotels; and from 1971 to 1981, Denver lost 64% of its SRO hotels (Wright and Rubin, 1997). Thus the destruction of SRO housing is a major factor in the growth of homelessness in many cities.

Finally, it should be noted that the largest federal housing assistance program is the entitlement to deduct mortgage interest from income for tax purposes. In fact, for every one dollar spent on low income housing programs, the federal treasury loses four dollars to housing-related tax expenditures, 75% of which benefit households in the top fifth of income distribution (Dolbeare, 1996). Moreover, in 1994 the top fifth of households received 61% of all federal housing benefits (tax and direct), while the bottom fifth received only 18%. Thus, federal housing policy has thus not responded to the needs of low-income households, while disproportionately benefitting the wealthiest Americans.

OTHER FACTORS

Particularly within the context of poverty and the lack of afforable housing, certain additional factors may push people into homelessness. Other major factors which can contribute to homelessness include the

following:

Lack of Affordable Health Care: For families and individuals struggling to pay the rent, a serious illness or disability can start a downward spiral into homelessness, beginning with a lost job, depletion of savings to pay for care, and eventual eviction. In 1997, approximately 43.4 million Americans had no health care insurance (U.S. Bureau of the Census, 1998b). More than a third of persons living in poverty had no health insurance of any kind. The coverage held by many others would not carry them through a catastrophic illness.

Domestic Violence: Battered women who live in poverty are often forced to choose between abusive relationships and homelessness. In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998). In additions, 46% of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 1998).

Mental Illness: Approximately 20-25% of the single adult homeless population suffer from some form of severe and persistent mental illness (Koegel et al, 1996). Despite the disproportionate number of severely mentally ill people among the homeless population, increases in homelessness are not attributable to the release of severely mentally ill people from institutions. Most patients were released from mental hospitals in the 1950s and 1960s, yet vast increases in homelessness did not occur until the 1980s, when incomes and housing options for those living on the margins began to diminish rapidly. According to the Federal Task Force on Homelessness and Severe Mental Illness, only 5-7% of homeless persons with mental illness need to be institutionalized; most can live in the community with the appropriate supportive housing options (Federal Task Force on Homelessness and Severe Mental Illness, 1992). However, many mentally ill homeless people are unable to obtain access to supportive housing and/or other treatment services. The mental health support services most needed include case management, housing, and treatment.

Addiction Disorders: The relationship between addiction and homelessness is complex and controversial. While rates of alcohol and drug abuse are disproportionately high among the homeless population, the increase in homelessness over the past two decades cannot be explained by addiction alone. Many people who are addicted to alcohol and drugs never become homeless, but people who are poor and addicted are clearly at increased risk of homelessness. During the 1980s, competition for increasingly scarce low-income housing grew so intense that those with disabilities such as addiction and mental illness were more likely to lose out and find themselves on the streets. The loss of SRO housing, a source of stability for many poor people suffering from addiction and/or mental illness, was a major factor in increased homelessness in many communities.

Addiction does increase the risk of displacement for the precariously housed; in the absence of appropriate treatment, it may doom one's chances of getting housing once on the streets. Homeless people often face insurmountable barriers to obtaining health care, including addictive disorder treatment services and recovery supports. The following are among the obstacles to treatment for homeless persons: lack of health insurance; lack of documentation; waiting lists; scheduling difficulties; daily contact requirements; lack of transportation; ineffective treatment methods; lack of supportive services; and cultural insensitivity. An in-depth study of 13 communities across the nation revealed service gaps in every community in at least one stage of the treatment and recovery continuum for homeless people (National Coalition for the Homeless, 1998).

Even when disabling conditions such as addiction or mental illness are treated, homeless addicts and mentally ill people must compete with all other poor people for a dwindling supply of low-income housing. Homelessness can thus be seen as a perverse game of musical chairs, in which the loss of "chairs" (low cost housing) forces some people to be left standing (homeless). Those who are least able to secure a chair -- the most disabled and therefore the most vulnerable -- are more likely to be left without a place to sit.

CONCLUSION

Homelessness results from a complex set of circumstances which require people to choose between food, shelter, and other basic needs. Only a concerted effort to ensure jobs that pay a living wage, adequate support for those who cannot work, affordable housing, and access to health care will bring an end to homelessness.

FOOTNOTES

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1. FMRs are the monthly amounts "needed to rent privately owned, decent, safe, and sanitary rental housing of a modest (nonluxury) nature with suitable amenities." Federal Register. HUD determines FMRs for localities in all 50 states. [Back]

2.The poverty line for a family of three is $12,750; for a family of four, the poverty line is $16,813. See http://www.census.gov/hhes/ww_w/poverty.html for details.[Back]

3."Worst case needs" refers to those renters with incomes below 50% of the area median income who are involuntarily displaced, pay more than half of their income for rent and utilities, or live in substandard housing. [Back].

4.The Section 8 Program is a federal housing assistance program that provides housing subsidies for families and individuals to live in existing rental housing or in designated housing projects. [Back].

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How Many People Experience Homelessness?

NCH Fact Sheet #2
Published by the National Coalition for the Homeless, February 1999

Many people call or write the National Coalition for the Homeless to ask about the number of homeless people in the United States. There is no easy answer to this question, and in fact, the question itself is misleading. In most cases, homelessness is a temporary circumstance -- not a permanent condition. A more appropriate measure of the magnitude of homelessness is therefore the number of people who experience homelessness over time, not the number of "homeless people."

Studies of homelessness are complicated by problems of definitions and methodology. This fact sheet describes definitions of homelessness, methodologies for counting homeless people, recent estimates of homelessness, and estimates of the increase in homelessness over the past two decades. Additional resources for further study are also provided.

DEFINITIONS

As a result of methodological and financial constraints, most studies are limited to counting people who are literally homeless -- that is, in shelters or on the streets. While this approach may yield useful information about the number of people who use services such as shelters and soup kitchens, or who are easy to locate on the street, it can result in underestimates of homelessness. Many people who lack a stable, permanent residence have few shelter options because shelters are filled to capacity or are unavailable. A recent study of 30 U.S. cities found that in 1998, 26% of all requests for emergency shelter went unmet due to lack of resources (U.S. Conference of Mayors, 1998). In addition, a review of homelessness in 50 cities found that in virtually every city, the city's official estimated number of homeless people greatly exceeded the number of emergency shelter and transitional housing spaces (National Law Center on Homelessness and Poverty, 1999). Moreover, there are few or no shelters in rural areas of the United States, despite significant levels of homelessness (Aron and Fitchen, 1996). As a result of these and other factors, many people who lack permanent housing are forced to live with relatives and friends in crowded, temporary arrangements. People living in unstable housing arrangements who lack a permanent place to stay are experiencing a kind of homelessness, but because they are not "literally homeless," they will not be counted.

METHODOLOGY

Researchers use different methods to measure homelessness. One method attempts to count all the people who are literally homeless on a given day or during a given week (**point-in-time counts**). A second method of counting homeless people examines the number of people who are homeless over a given period of time (**period prevalence counts**).

Choosing between point-in-time counts and period-prevalence counts has significant implications for understanding the magnitude and dynamics of homelessness. The high turnover in the homeless population documented by recent studies (see below) suggests that many more people experience homelessness than previously thought, and that most of these people do not remain homeless. Because point-in-time studies give just a "snapshot" picture of homelessness, they only count those who are homeless at a particular time. Over time, however, some people will find housing and escape homelessness while new people will lose housing and become homeless. Systemic social and economic factors (prolonged unemployment or sudden loss of a job, lack of affordable housing, domestic violence, etc.) are frequently responsible for these episodes of homelessness. Point-in-time studies do not accurately identify these intermittently homeless people, and therefore tend to overestimate the proportion of people who are chronically homeless -- particularly those who suffer from severe mental illness and/or addiction disorders and who therefore have a much harder time escaping homelessness and finding permanent housing. For these reasons, point-in-time counts are often criticized as misrepresenting the magnitude and nature of homelessness.

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There is another important methodological issue that should be considered. Regardless of the time period over which the study was conducted, many people will not be counted because they are not in places researchers can easily find. This group of people, often referred to as "the unsheltered" or "hidden" homeless, frequently stay in automobiles, camp grounds, or other places that researchers cannot effectively search. For instance, a national study of formerly homeless people found that the most common places people who had been literally homeless stayed were vehicles (59.2%) and makeshift housing, such as tents, boxes, caves, or boxcars (24.6%) (Link et al., 1995). This suggests that homeless counts may miss significant numbers of people who are literally homeless, as well as those living in doubled-up situations.

NATIONAL ESTIMATES OF HOMELESSNESS

There are at least four widely used national estimates of homelessness. Many are dated, or based on dated information. For all of the reasons discussed above, none of these estimates represents "how many people are homeless."

500,000 - 600,000 (1988)

The most widely cited example of a point-in-time estimate is the approximately 500,000-600,000 homeless people found in shelters, eating at soup kitchens, or congregating on the street during one week in 1988 (Burt and Cohen, 1989).

700,000+/night; 2 million/year (1999)

The 500,000-600,000 estimate is sometimes updated by using a projected rate of increase of 5% a year to produce an estimate of over 700,000 people homeless on any given night, and up to 2 million people who experience homelessness during one year (National Law Center on Homelessness and Poverty, 1999).

Seven million (1985-1990)

In 1990, a national telephone survey identified formerly homeless people and produced life-time and five-year prevalence estimates of homelessness. Seven percent of the respondents reported that they had been literally homeless at some point in their lives, and three percent reported being homeless at some point between 1985-1990 (Link et al.,1994). The Clinton Administration's Priority Home! The Federal Plan to Break the Cycle of Homelessness uses this data, corrected to include children, to estimate that between 4.95 million to 9.32 million people (with a mid-point of 7 million) experienced homelessness in the latter half of the 1980s.

A second study was undertaken in 1994 to refine the analysis with more explicit definitions and detailed information. This study found that 6.5% (12 million adults nationwide) of the respondents had been literally homeless at some point in their lives, and that 3.6% (6.6 million adults nationwide) of the respondents had experienced homelessness (literal or doubled up) between 1989-1994 (Link et al., 1995). Thus, it appears that 12 million of the adult residents of the U.S. have been literally homeless at some point in their lives.

Three percent (1994)

Dennis Culhane's study of turnover rates in shelters in New York City and Philadelphia is another example of a period prevalence count. This study revealed that 3% of Philadelphia's population used the public shelter system between 1990 and 1992, and that in New York, 3% of the population received shelter between 1988-1992 (Culhane et al., 1994). The Culhane study also found that in New York City, a single shelter bed accomodates four different people in the course of a year; in Philadelphia, each bed accomodates six different persons per year. Because this study did not include persons in privately funded shelters or on the streets, the findings underestimate homelessness in both cities.

A study by Martha Burt compared these rates with data from seven other jurisdictions (Burt, 1994). The comparison showed that the New York City and Philadelphia rates fall well within the range of data from other regions of the country.

IS HOMELESSNESS INCREASING?

One limited measure of the growth in homelessness is the increase in the number of shelter beds over time.

A 1991 study examined homelessness "rates" (the number of shelter beds in a city divided by the city's population) in 182 U.S. cities with populations over 100,000. The study found that homelessness rates tripled between 1981 and 1989 for the 182 cities as a group (Burt, 1997).

A 1997 review of research conducted over the past decade (1987-1997) in 11 communities and 4 states found that shelter capacity more than doubled in nine communities and three states during that time period (National Coalition for the Homeless, 1997). In two communities and two states, shelter capacity tripled over the decade.

These numbers are useful for measuring the growth in demand for shelter beds (and the resources made available to respond to that growth) over time. They indicate a dramatic increase in homelessness in the United States over the past two decades.

CONCLUSION

By its very nature, homelessness is impossible to measure with 100% accuracy. More important than knowing the precise number of people who experience homelessness is our progress in ending it. Recent studies suggest that the United States generates homelessness at a much higher rate than previously thought. Our task in ending homelessness is thus more important now than ever.

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Homeless Families with Children

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Homelessness is a devastating experience for families. It disrupts virtually every aspect of family life, damaging the physical and emotional health of family members, interfering with children's education and development, and frequently resulting in the separation of family members. The dimensions, causes, and consequences of family homelessness are discussed below. An overview of policy issues and a list of resources for further study are also provided.

DIMENSIONS

One of the fastest growing segments of the homeless population is families with children. Families with children constitute approximately 40% of people who become homeless (Shinn and Weitzman, 1996). A survey of 30 U.S. cities found that in 1998, children accounted for 25% of the homeless population (U.S. Conference of Mayors, 1998). These proportions are likely to be higher in rural areas; research indicates that families, single mothers, and children make up the largest group of people who are homeless in rural areas (Vissing, 1996).

Recent evidence confirms that homelessness among families is increasing. Requests for emergency shelter by families with children in 30 U.S. cities increased by an average of 15% between 1997-1998 (U.S. Conference of Mayors, 1998). The same study found that 32% of requests for shelter by homeless families were denied in 1998 due to lack of resources. Moreover, 88% of the cities surveyed expected an increase in the number of requests for emergency shelter by families with children in 1999.

CAUSES

Poverty and the lack of affordable housing are the principal causes of family homelessness. The number of poor people increased 41% between 1979 and 1990; families and children under 18 accounted for more than half of that increase (U.S. House of Representatives, 1992). Today, 40% of persons living in poverty are children; in fact, the 1997 poverty rate of 19.9% for children is almost twice as high as the poverty rate for any other age group (U.S. Bureau of the Census, 1998).

Stagnating wages and changes in welfare programs account for increasing poverty among families. In the median state, a minimum-wage worker would have to work 87 hours each week to afford a two-bedroom apartment at 30% of his or her income, which is the federal definition of affordable housing (National Low Income Housing Coalition, 1998). Until its repeal in August 1996, the largest cash assistance program for poor families with children was the Aid to Families with Dependent Children (AFDC) program. Between 1970 and 1994, the typical state's AFDC benefits for a family of three fell 47%, after adjusting for inflation (Greenberg and Baumohl, 1996). The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the federal welfare reform law) repealed the AFDC program and replaced it with a block grant program called Temporary Assistance to Needy Families (TANF). Current TANF benefits and Food Stamps combined are below the poverty level in every state; in fact, the median TANF benefit for a family of three is approximately one-third of the poverty level. Thus, contrary to popular opinion, welfare does not provide relief from poverty.

Welfare caseloads have dropped sharply since the passage and implementation of welfare reform legislation. However, declining welfare rolls simply mean that fewer people are receiving benefits -- not that they are employed or doing better financially. Early findings suggest that although more families are moving from welfare to work, many of them are faring poorly due to low wages and inadequate work supports. Only a small fraction of welfare recipients' new jobs pay above-poverty wages; most of the new jobs pay far below the poverty line (Children's Defense Fund and the National Coalition for the Homeless, 1998). Moreover, extreme poverty is growing more common for children, especially those in female-headed and working families. This increase can be traced directly to the declining number of children lifted above one-half of the poverty line by government cash assistance for the poor.

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As a result of loss of benefits, low wages, and unstable employment, many families leaving welfare struggle to get medical care, food, and housing. Many lose health insurance, despite continued Medicaid eligibility: a recent study found that 675,000 people lost health insurance in 1997 as a result of the federal welfare reform legislation, including 400,000 children (Families USA, 1999). In addition, housing is rarely affordable for families leaving welfare for low wages, yet subsidized housing is so limited that fewer than one in four TANF families nationwide lives in public housing or receives a housing voucher to help them rent a private unit. For most families leaving the rolls, housing subsidies are not an option. In some communities, former welfare families appear to be experiencing homelessness in increasing numbers (Children's Defense Fund and the National Coalition for the Homeless, 1998).

The shrinking supply of affordable housing is another factor underlying the growth in family homelessness. The gap between the number of affordable housing units and the number of people needing them is currently the largest on record, estimated at 4.4 million units (Daskal, 1998). The affordable housing crisis has had a particularly severe impact on poor families with children. Families with children represent 40% of households with "worst case housing needs" -- those renters with incomes below 50% of the area median income who are involuntarily displaced, pay more than half of their income for rent and utilities, or live in substandard housing (U.S. Department of Housing and Urban Development, 1998). With less income available for food and other necessities, these families are only an accident, illness, or paycheck away from becoming homeless.

More recently, the strong economy has caused rents to soar, putting housing out of reach for the poorest Americans. Between 1995 and 1997, rents increased faster than income for the 20% of American households with the lowest incomes (U.S. Department of Housing and Urban Development, 1999). As a result, more families are in need of housing assistance. From 1996-1998, the time families spent on waiting lists for HUD housing assistance grew dramatically. For the largest public housing authorities, a family's average time on a waiting list rose from 22 to 33 months from 1996 to 1998 - a 50% increase. The average waiting period for a Section 8 rental assistance voucher rose from 26 months to 28 months between 1996 and 1998. Excessive waiting lists for public housing mean that families must remain in shelters or inadequate housing arrangements longer. Consequently, there is less shelter space available for other homeless families, who must find shelter elsewhere or live on the streets.

Domestic violence also contributes to homelessness among families. When a woman leaves an abusive relationship, she often has nowhere to go. This is particularly true of women with few resources. Lack of affordable housing and long waiting lists for assisted housing mean that many women are forced to choose between abuse and the streets. In a study of 777 homeless parents (the majority of whom were mothers) in ten U.S. cities, 22% said they had left their last place of residence because of domestic violence (Homes for the Homeless, 1998). In addition, 46% of cities surveyed by the U.S. Conference of Mayors identified domestic violence as a primary cause of homelessness (U.S. Conference of Mayors, 1998).

CONSEQUENCES

Homelessness severely impacts the health and well-being of all family members. Compared with housed poor children, homeless children experience worse health; more developmental delays; more anxiety, depression and behavioral problems; and lower educational achievement (Shinn and Weitzman, 1996). A recent study of the health status of homeless children in New York City found that 61% of homeless children had not received their proper immunizations (compared to 23% of all New York City two-year-olds); 38% of homeless children in the City's shelter system have asthma (an asthma rate four times that for all New York City children and the highest prevalence rate of any child population in the United States); and that homeless children suffer from middle ear infections at a rate that is 50% greater than the national average (Redlener and Johnson, 1999). These illnesses have potentially devastating consequences if not treated early.

Deep poverty and housing instability are especially harmful during the earliest years of childhood; alarmingly, it is estimated that almost half of children in shelter are under the age of five (Homes for the Homeless, 1998). School-age homeless children face barriers to enrolling and attending school, including transportation problems, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies.

Parents also suffer the ill effects of homelessness and poverty. One study of homeless and low-income housed families found that both groups experienced higher rates of depressive disorders than the overall female population, and that one-third of homeless mothers (compared to one-fourth of poor housed mothers) had made at least one suicide attempt (Bassuk et al., 1996). In both groups, over one-third of the

sample had a chronic health condition.

Homelessness frequently breaks up families. Families may be separated as a result of shelter policies which deny access to older boys or fathers. Separations may also be caused by placement of children into foster care when their parents become homeless. In addition, parents may leave their children with relatives and friends in order to save them from the ordeal of homelessness or to permit them to continue attending their regular school. The break-up of families is a well-documented phenomenon: in New York City, 60% of residents in shelters for single adults had children who were not with them; in Maryland, only 43% of parents living in shelters had children with them; and in Chicago, 54% of a combined street and shelter homeless sample were parents, but 91% did not have children with them (Shinn and Weitzman, 1996).

POLICY ISSUES

Policies to end homelessness must include jobs that pay livable wages. In order to work, families with children need access to quality child care that they can afford, and adequate transportation. Education and training are also essential elements in preparing parents for better paying jobs to support their families.

But jobs, child care, and transportation are not enough. Without affordable, decent housing, people cannot keep their jobs and they cannot remain healthy. A recent longitudinal study of poor and homeless families in New York City found that regardless of social disorders, 80% of formerly homeless families who received subsidized housing stayed stably housed, i.e. lived in their own residence for the previous 12 months (Shinn and Weitzman, 1998). In contrast, only 18% of the families who did not receive subsidized housing were stable at the end of the study. As this study and others demonstrate, affordable housing is a key component to resolving family homelessness. Preventing poverty and homelessness also requires access to affordable health care, so that illness and accidents no longer threaten to throw individuals and families into the streets.

Only concerted efforts to meet all of these needs will end the tragedy of homelessness for America's families and children.

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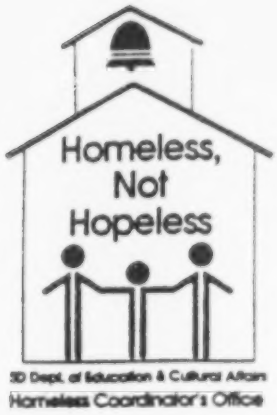
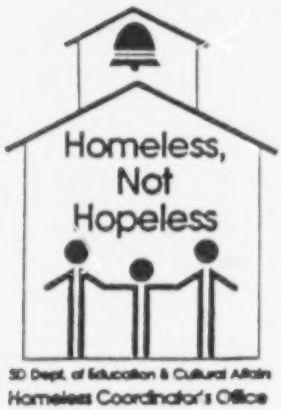


10 THINGS

ADMINISTRATORS CAN DO TO HELP HOMELESS STUDENTS

- *Welcome students.*
- *Make sure parent/parents feel comfortable and let them know they're welcome in your school.*
- *Be sure child receives Free Breakfast and Lunch Program, if available.*
- *Appoint staff person to do brief educational assessment.*
- *Appoint liaison for homeless children and youth within your district.*
- *Give 5 minutes a week to a homeless student.*
- *Schedule an appointment with a shelter/mission director to learn more about temporary living situations.*
- *Post school events schedule in shelter/mission so shelter staff can keep children involved in school events.*
- *Make staff aware that student is living in temporary shelter.*
- *Provide inservice for all school staff including secretaries to ensure sensitivity to needs of the homeless.*



10 THINGS

TEACHERS CAN DO TO HELP HOMELESS STUDENTS

- *Make student feel welcome.*
- *Select a student to be their "buddy" on first day of class.*
- *Find out where the student last went to school and what was studied.*
- *Refer to on-site tutoring program for educational assistance, if needed and available.*
- *Coordinate educational plan with school counselor.*
- *Give the student a clipboard to take home, as a portable desk to work on.*
- *Offer tools to complete any required task. Supplies may not be readily available for the child.*
- *Keep a supply of nutritional snacks in your room.*
- *Help students make plans for transportation for after school activities or other special events.*
- *Have necessary toiletry items on hand to assure proper hygiene at school.*

Homeless Youth

NCH Fact Sheet #11
Published by the National Coalition for the Homeless, April 1999

This fact sheet discusses the dimensions, causes, and consequences of homelessness among youth. An overview of program and policy issues and a list of resources for further study are also provided.

DEFINITIONS AND DIMENSIONS

Homeless youth are individuals under the age of eighteen who lack parental, foster, or institutional care. These young people are sometimes referred to as "unaccompanied" youth.

The homeless youth population is estimated to be approximately 300,000 young people each year (Institute for Health Policy Studies, 1995). According to the Research Triangle Institute, an estimated 2.8 million youth living in U.S. households reported a runaway experience during the prior year (U.S. Department of Health and Human Services(a), 1995). According to the U.S. Conference of Mayors, unaccompanied youth account for 3% of the urban homeless population (U.S. Conference of Mayors, 1998).

CAUSES

Causes of homelessness among youth fall into three inter-related categories: family problems, economic problems, and residential instability.

Many homeless youth leave home after years of physical and sexual abuse, strained relationships, addiction of a family member, and parental neglect. Disruptive family conditions are the principal reason that young people leave home: in one study, more than half of the youth interviewed during shelter stays reported that their parents either told them to leave or knew they were leaving and did not care (U.S. Department of Health and Human Services (a), 1995). In another study, 46% of runaway and homeless youth had been physically abused and 17% had been forced into unwanted sexual activity by a family or household member (U.S. Department of Health and Human Services (c), 1997).

Some youth may become homeless when their families suffer financial crises resulting from lack of affordable housing, limited employment opportunities, insufficient wages, no medical insurance, or inadequate welfare benefits. These youth become homeless with their families, but are later separated from them by shelter, transitional housing, or child welfare policies (Shinn and Weitzman, 1996).

Residential instability also contributes to homelessness among youth. A history of foster care has been found to be correlated with becoming homeless at an earlier age and remaining homeless for a longer period of time (Roman and Wolfe, 1995). Some youth living in residential or institutional placements become homeless upon discharge -- they are too old for foster care but are discharged with no housing or income support (Robertson, 1996). One national study reported that more than one in five youth who arrived at shelters came directly from foster care, and that more than one in four had been in foster care in the previous year (National Association of Social Workers, 1992).

CONSEQUENCES

Homeless youth face many challenges on the streets. Few homeless youth are housed in emergency shelters as a result of lack of shelter beds for youth, shelter admission policies, and a preference for greater autonomy (Robertson, 1996). Because of their age, homeless youth have few legal means by which they can earn enough money to meet basic needs. Many homeless adolescents find that exchanging sex for food, clothing, and shelter is their only chance of survival on the streets. In turn, homeless youth are at a greater risk of contracting AIDS or HIV-related illnesses. HIV prevalence studies anonymously performed in four cities found a median HIV-positive rate of 2.3% for homeless persons under age 25 (Robertson, 1996). Other studies have found rates ranging from 5.3% in New York to 12.9% in Houston. It has been suggested that the rate of HIV prevalence for homeless youth may be as much as 2 to 10 times higher than the rates reported for other samples of adolescents in the United States (National Network for Youth,

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1998).

Homeless adolescents often suffer from severe anxiety and depression, poor health and nutrition, and low self-esteem. In one study, the rates of major depression, conduct disorder, and post-traumatic stress syndrome were found to be 3 times as high among runaway youth as among youth who have not run away (Robertson, 1989).

Furthermore, homeless youth face difficulties attending school because of legal guardianship requirements, residency requirements, proper records, and lack of transportation. As a result, homeless youth face severe challenges in obtaining an education and supporting themselves emotionally and financially.

PROGRAM AND POLICY ISSUES

Homeless youth benefit from programs which meet immediate needs first, then help them address other aspects of their lives. Programs which minimize institutional demands and offer a range of services have had success in helping homeless youth regain stability (Robertson, 1996). Educational outreach programs, assistance in locating job training and employment, transitional living programs, and health care especially designed for and directed at homeless youth are also needed. In the long term, homeless youth would benefit from many of the same measures that are needed to fight poverty and homelessness in the adult population, including the provision of affordable housing and employment that pays a living wage. In addition to these basic supports, the child welfare system must make every effort to prevent children from ending up on the streets.

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National Network for Youth, 1319 F St., Suite 401, Washington, DC 20004; 202/783-7949.

RESOURCES FOR HOMELESS YOUTH ARE SCARCE

- In the cities of Minneapolis and Saint Paul, there are only four emergency shelters that youth can access on their own - 53 beds in all.
  - There are no emergency shelters in any suburbs or outlying counties in the metropolitan area.
  - Of the four emergency shelters, there are only 27 bed spaces available for youth 15 years of age and younger.
  - There are 26 bed spaces available for youth ages 16 to 20.
  - Once these 26 beds fill up, there are only 10 vouchers/beds available from one nonprofit organization to assist youth in obtaining shelter at an adult shelter site.[5]
- There are only 30 transitional living apartments specifically earmarked for youth ages 16 to 20 in the city of Minneapolis (DHS).
- Four nonprofit agencies provide independent living skills to a limited number of youth in the Twin Cities area (DHS).
- All organizations attending the Summit for Youth Without Homes reported waiting lists for youth seeking to obtain social services from their agencies.

(Endnotes provided on back page.)

ONE YOUTH'S STORY

Trisha lived with her mother and three siblings; she is the oldest child. When Trisha was young her mother began to drink and take uppers. By the time she was twelve years old her mother was chemically dependent on cocaine and no longer able to provide for the family.

Trisha and her family began to move between relatives. After they were evicted from her aunt's home due to overcrowding, the family had no where else to turn but the county family emergency shelter. Trisha's mother was using chemicals and hiding her use from shelter staff. At thirteen years of age Trisha was living off the handouts she received from relatives and people on the streets. Trisha dropped out of school at the beginning of her freshman year and began to live with her best friend. After a fight, Trisha found herself on the street.

After Trisha had been living on the streets for a couple of months, an outreach worker found her and told her about an emergency shelter for adolescents where she could go. At the shelter, she was given the opportunity to talk about everything that was happening to her and her family. The staff scheduled a family counseling session and eventually arranged for Trisha's family to enter a shelter for chemically dependent women. Her mother has been sober for 30 days and is now working a part time job. Trisha has re-enrolled in school. If she attends summer school, she may be able to graduate on time.

APPENDIX F

Services, Shelters for Youth

Here are some services and shelters catering to homeless youth in Minneapolis and St. Paul:

Ain Dah Yung (Our Home Center)

1089 Portland Avenue, St. Paul; (651) 227-4184
Primarily services American Indian youth and families. Works with homeless and runaway youth, along with county- and corrections-referred youth. Shelter for youth ages 5-17; transitional group living at 1212 Raymond Avenue for ages 16-21. Average stay ranges 15-30 days in the shelter, up to 18 months in transitional living. Also conducts street outreach.

The Bridge for Runaway Youth

2204 Emerson Avenue South, Minneapolis; (612) 377-8800
Free and low-cost group and individual counseling for youth and families. Works with the Central Community Housing Trust to operate the Archdale Apartments in Minneapolis, renting exclusively to formerly homeless youth.

District 202

1601 Nicollet Avenue South, Minneapolis; (612) 871-5559
Youth center caters primarily to people ages 21 and younger who are gay, lesbian, bisexual and transgender. Many, but not all, who come here are homeless. Open daily, except Tuesdays; hours vary.

Project Foundation

(612) 522-1690
Operates two group homes and offers comprehensive support services in North and South Minneapolis for homeless youth ages 15-20. Offers case management and on-site counseling, legal advocacy and medical referrals. Each supervised home houses up to 10 kids at a time. Youth come through agency referrals. Youth must follow through in key goal areas, including looking for employment within two weeks, establishing a savings account, pursuing education and, eventually, finding a permanent home.

Project Offstreets

212 North Second Street, Minneapolis; (612) 338-3103
Drop-in center caters to homeless youth ages 16-19, though it also works with younger teens through schools. Offers daily meal, medical referrals, crisis counseling, peer education and GED school. Case managers work with youth on an individual basis. There's a supportive housing program, leading to more permanent housing, for 18- and 19-year olds with mental health, HIV or chemical-dependency issues.

Safe House

2395 University, Suite 300 E, St. Paul; (651) 644-7739
Transitional-housing service operated by Lutheran Social Services for homeless youth ages 16-20. Shelter can be home for up to 21 days but there are only six beds, so competition is fierce to reserve space. Open 7 p.m. to 9 a.m. Also counsels homeless youth in independent-living skills.

Safe Zone

401 North Wabasha Street, S. Paul; (512) 224-9644
This program offers youth a safe place off the streets. Services include shelter, referrals, meals, and hospitality. The St. Paul Public Schools Title I Program offers Outreach services and tutorial services focusing on GED Preparation or re-entry into a school program.

Project Solo

2222 Park Avenue South, Minneapolis; (612) 874-1936
Project Solo is run by Freeport West and focuses on independent living skills, employment, on-site educational program, transitional housing, case management and crisis intervention.

Red Door Clinic - Youth Intervention Project (YIP)

525 Portland Avenue South. Health Services Building; (612) 348-6363
STD and HIV testing and counseling; risk assessment, family planning, health education, advocacy and referrals.

YMCA Point Northwest

(612) 493-3052; 7601 42nd Avenue North, New Hope
This program offers four volunteer host homes to keep kids in the neighborhood and provides counseling services to facilitate reunification. 10 - 17 year olds on the run or on the verge of running away from home in the fifteen northwest suburbs of Hennepin county.

Youth and AIDS Projects

(612) 627-6820; 428 Oak Grove Street, Minneapolis
This program offers HIV testing, risk assessment, peer education and referral; case management, individual and group counseling.

STATEMENT OF PRIORITY NEEDS FOR HOMELESS YOUTH

Everyone at the Summit agreed that there are many gaps in services for vulnerable youth in our communities and that a continuum of resources must be developed to effectively meet their needs. Furthermore, *these resources must be community based, easily accessible, culturally specific, and perceived by youth as being safe*. The following issues were identified by the Summit attendees as the highest priorities for homeless youth.

Prevention and Early Intervention Services

The lack of preventative services for youth and families has resulted in an overwhelming number of homeless youth in our community. Social service agencies have attempted to provide services to all homeless clients, but this goal is unrealistic given the number of homeless youth seeking assistance. Increased funding is essential to stem the tide of burgeoning caseloads and assure adequate and comprehensive assistance to homeless youth.

Intervention must begin at the first signs of trouble. More emphasis must be placed on outreach and intervention to families and youth (ages 9-12). Intervention services may include outreach, assisting families with conflicts, identifying early signs of struggles experienced by youth, counseling, case management, and referral to safe, alternative shelter with supportive services.

Safe Shelter and Long Term Housing

There is a scant supply of short and long term housing options for homeless youth. Currently there are 43 shelter beds for youth without children in Minneapolis and St. Paul. There are no shelters at which teen parents under age 18 may safely stay with their children. Adult shelters cannot accommodate the multiple needs of minor families and are therefore not appropriate. There are few safe, clean and affordable housing options for homeless youth. Our community must come together to provide an array of housing options. The community must begin to construct or rehabilitate affordable housing for single individuals. Private landlords hesitate to rent to underage youth and must be educated about the issues of homeless youth and supported in their efforts to rent to them. Housing for youth must be accompanied by support services including independent living skills training, vocational training, and referrals for physical and mental health services.

Summit participants collectively agreed that special attention must be given to:

- Shelter for teen parents and their children that includes childcare, parenting classes and income maintenance counseling
- Shelter space for youth under age 16
- Shelter that is culturally relevant, community-based
- Shelter space for youth who are legally adults but vulnerable in adult shelters (ages 18-21)

Consolidated Services

There is a great need for increased accessibility to shelter and other supportive services. Youth are often unaware of resources or are afraid and frustrated when trying to access the myriad of services available in various locations. A central location or clearinghouse should be created where food, clothing, shelter, medical/dental, counseling, advocacy representation, and educational services could be provided to alleviate confusion caused by scattered and disconnected resources. This would increase efficiency and accessibility while decreasing "red tape" that youth often face when attempting to get their needs met.

Comprehensive Aftercare Services

The social problems and crises experienced by homeless youth do not vanish at age 18 or immediately after exiting street life. Youth need someone to call upon with their troubles, continued relationships with advocates, and connections to their community to survive. Even when family reunification is not possible, services should promote or support family relationships. Proper aftercare must be offered to all youth that receive family reunification or homelessness intervention services. Aftercare should include crisis intervention, health education, independent living skills training and violence prevention training. The limited aftercare services currently provided by private non-profit agencies, community centers, or county services are not meeting the increasing demand.